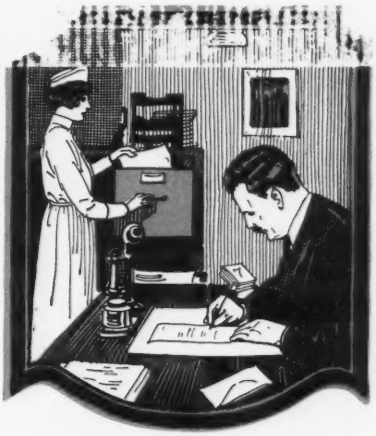
Canadian Hospital

A Monthly Journal for Hospital Executives



Toronto, Can. **The Edwards Publishing Company** January, 1930

IN THIS ISSUE—

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THE Canadian Hospital

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Many Agencies Investigating Cost of Medical Care

HAVING listened to an exposition of the many problems with which the Committee for the Investigation of the Cost of Medical Care are confronted, it was tremendously encouraging to hear that some of these same problems had already been solved or were on the verge of solution in Canada. Dr. G. Harvey Agnew, Director of Hospital Service, Canadian Medical Association, presented before the assembled members of the Radiologists Society of North America at their recent Convention, a paper calculated to show our American guests what has been done in Canada by the Canadian Medical Association and other agencies. Dr. Agnew made a noticeable impression on the gathering by virtue of his clear and lucid manner and his interesting material.

It was admitted by Dr. Agnew that many of the problems indicated in the report of the Committee, just previously read, were common to both Canada and the United States. Some had been solved wholly or in part by the Canadian Medical Association or other agencies, but many were still unsolved. Their solution was retarded by an unfavourable attitude of the public, an attitude created by a press which constantly berated both the medical profession and the hospitals. The public had the mistaken idea that both these agencies were imposing unnecessary burdens where there were already more than sufficient.

Dr. Agnew proceeded to show how individual provinces and organizations were attempting to meet the situation. National Health Insurance is being studied by the Canadian Medical Association. British Columbia particularly is making an intensive and extensive study through a Commission appointed for that purpose. In the Prairie Provinces, municipal hospitals have been organized and financed by the public, and certain sections of the Maritime Provinces have adopted the same scheme. In Saskatchewan, there is a $25.00 allowance for all maternity cases. Ontario has appointed a Royal Commission with sweeping powers, whose findings are expected to be extremely significant. A joint committee composed of members of the Canadian Nurses' Association and the Canadian Medical Association are studying the problem from its many angles.

Manitoba Has New Hospital Act, Affecting Maternity Homes

ON November 15th legislation requiring the licensing of all privately owned and operated hospitals in the province of Manitoba, exclusive of those institutions in receipt of government aid, came into force. Drafted by the provincial department of health, the legislation is incorporated as the "Pri-

vate Hospitals Act" and was passed at the last session of the legislature.

Its provisions are chiefly aimed at bringing about the more uniform control and supervision of small, privately operated maternity homes in the province. Application forms for licenses were made available from the department, which required that they be obtained before November 15th. Certificates are to be granted, effective for one year, the registration fee being $10, with a $5 renewal each year.

Under the Act, a private hospital is defined as any house, or building in which four or more patients are receiving medical or surgical treatment, or being cared for as maternity cases, but does not include a hospital within the provisions of the Hospital Act or an institution under the management of the sanatarium board of Manitoba. Institutions coming under the provisions of the Act are required to have a superintendent resident on the premises, who may be the licensee, and who must be either a legally qualified medical practitioner or a registered nurse.

Dr. Malcolm T. MacEachern Discusses Hospital Rates

ADDRESSING the Health Bureau of the Vancouver Board of Trade on the subject of "Adequate and Efficient Hospital Service for the Patient of Moderate Means," Dr. Malcolm T. MacEachern, a member of the hospital survey commission, dealt with the allegation that hospital rates are exorbitant. The speaker pointed out that the allegation is even more frequently heard in the United States than in Canada. In the United States, many pay patients are taken care of at private hospitals, without government subsidy, which, of course, increased the cost to the patient. Hospital charges have increased in recent years approximately 60 per cent., but in the same period hospital expenses have, in some instances, risen as high as 160 per cent.

There are extenuating circumstances to be taken into consideration in computing comparative cost to the patient. The patient does not remain so long in the hospital as he did twelve years ago, owing to better diagnosis, more efficient and better trained staffs, more active treatment and better attention. Twelve years ago, the average patient spent twenty-two days in the hospital, while to-day he spends from eleven to twelve days. Twelve years ago the death rate was 8 to 9 per cent., while to-dav if it exceeds 4 per cent. the situation becomes one demanding immediate investigation. Major operations have been reduced from 18 per cent. to 3 per cent., according to one well known physician. There are fewer complications and fewer infections to contend with. Dr. MacEachern pointed out that there is better planning in hospital work today, better construction which cuts down administration costs. The growing standardization of supplies and procedure has also had its effect on efforts to reduce costs. For instance, in earlier years there were eighty-eight different kinds of hospital beds, while to-day there are only four. There were ten to fifteen kinds of cough tonic, where one suffices to-day. Group nursing is an innovation which is calculated to cut costs further.

Reference was made in Dr. MacEachern's address to State Health Insurance, which the speaker thought a splendid idea if properly administered, with the insurance defraying all hospital costs. State Medicine, on the other hand, he thought inadvisable, because the patient should be free to retain his own family practitioner.

Ontario Sickness Costs Computed at $33,385,100 Annually

AT the "Health Week" held in Orillia several months ago, a startling statement was made by the Honorable Forbes Godfrey, Minister of Health, to the effect that sickness costs the people of Ontario $33,385,100 annually. It was pointed out that an average of 73,740 persons are ill every day in the year, and of these an average of 64,740 are cared for in their homes. The Minister of Health based his cost estimates on figures which show 9,000 persons are in the hospitals of the province on any one day and the average cost per day was $3.00. For patients treated at home the average cost per day was fixed at the low minimum of $1.00 per day.

In fixing the hospital rate, the Minister of Health took into consideration the average costs of all public hospitals, six hospitals for incurables, 10 public sanataria, 72 private hospitals and 4 private sanataria as well as houses of refuge, orphanages and convalescent homes. Three of the principal diseases were cited as diptheria, pneumonia and cancer. In 1928 there were 3,066 cases of diptheria, costing on the average of $30.00 per case. This brought the total cost for this one disease up to $91,980, without including antitoxin, and laboratory service, which is supplied free by the department of health.

The 2,028 deaths from pneumonia were estimated to have occurred from 10,140 cases, bringing the cost of treatment up to $507,000, or $50.00 per case. Estimates placed the number of cancer cases at 31,700 with 3,177 deaths, the total costing $3,177,000 or $100.00 per case. In concluding this extremely enlightening array of statistics, the Honourable Mr. Godfrey pointed out that this estimate took no consideration of the amount of money lost through the illness of wage earners, nor did it take into account the loss of time necessitated by the care of patients not attended by a nurse.

In any Preventive campaigns carried out, such figures are calculated to make the public pause and consider how these costs can be cut down.

Convention Discusses "Economic Problems of the X-Ray Laboratory"

ALMOST every department of the modern hospital has at some time been the subject of an economic discussion. These discussions have brought to light needless expenditures, which when directed into other channels have been able to justify themselves. The standardization movement has grown apace, eliminating many types of supplies and equipment, which could not withstand the rigid tests to which they were subjected. As a result, hospitals have saved many thousands of dollars in addition to being enabled to offer a higher grade of service, consequent on the use of the best type of supplies and equipment.

Possibly, because the X-ray laboratory is a comparatively new department, practically nothing has been done to standardize certain types of supplies and equipment. Moreover, the technique differs from one hospital to another, and it is reasonable to suppose that savings can be affected by the adherence to the most approved technique. The millenium of radiology will have arrived when both technique and equipment are fully standardized, thereby releasing for more productive issues much of the money which is now uselessly expended.

The large attendance at the presentation of the paper entitled, "Economic Problems of the X-ray Laboratory," by Preston M. Hickey, of the University of Michigan, Ann Arbor, at the Radiological Society's 15th Annual Convention, was proof in itself that radiologists are concerned with the economic aspect of their science. The applause which greeted his paper was likewise proof that his enquiry had searched out those aspects of the matter which were concerning the assemblage. We quote the following paragraphs from the official program, and add our own notes from Dr. Hickey's paper as read at the Convention.

"The present size of films employed in radiography are relics from the plate sizes originally adopted in landscape photography. No economic study has been made as to the proper size of films to be used in X-ray laboratories. The economic loss due to our present film sizes is very great." Dr. Hickey pointed out that the standard 14-inch by 17-inch film is too large for chest films. The lower three inches were not utilized, or in other words 42 square inches were wasted. When the number of chest films used in the course of a year are considered, the possible saving on a smaller film is astounding. Besides the possible saving in the film itself, there would be a corresponding saving in developer and mixing baths. Double exposures have been suggested as a means of eliminating this wastage, but this is considered impractical.

Adult spine films were also given consideration. Dr. Hickey considered that one half of the present width was sufficient for diagnosis. In other words, this phase of radiography presents an opportunity for cutting the cost of films in half. Here, too, is an opportunity for effecting a saving in developer and mixing baths. X-ray films of the femur, too, are at present too large.

"There is a great need for a system of standardization of many of the common accessories. Many of the manufacturers use arbitrary scales in determining the voltage and the milliamperage." The size of the intensifying screen is too large in Dr. Hickey's opinion. There is a waste of time where several X-Ray machines are on differnt control stands. Just as a a standard gear shift solved the problem in the automobile industry, so would standardization have a beneficent effect on radiological costs. "Some of the cassettes do not conform to a general standard, and hence are not interchangeable with different plate changers. The automotive engineers have agreed on standardization of nuts, bolts and screws which has resulted in a great simplification in the manufacture of automobiles. It is suggested that the engineers of the various factories for X-Ray apparatus should adopt a standardization of parts so far as is possible. There should be a committee representing the various X-Ray societies to recommend the proper sizes of films and the proper standardization of cassettes. This committee should also formulate recommendations for switchboards, which would result in a greater uniformity of technique."

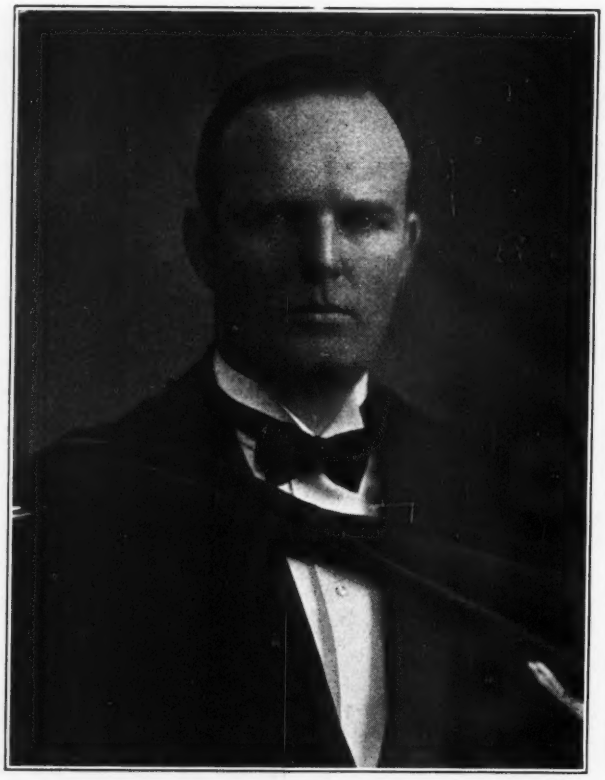
The salvage of used mixing baths was also discussed in Dr. Hickey's paper. Methods of lighting fluoroscopic and X-Ray dark rooms at present utilized were condemned as uneconomic. The average dark room is considered too dark for efficient work. The simplification of X-Ray reports in the X-Ray Departments of hospitals was recommended. In the discussion which ensued, one member of the Radiological Society declared that the highly polished surfaces of instruments and equipment created high nervous tension which was detrimental to the interests of both the professional man and his patient.

Red Cross Society Plan Outpost Hospital in British Columbia

The establishment of Red Cross Outpost Hospitals in British Columbia is being seriously considered by the Red Cross organization. It is not proposed to take any immediate action. The problem being a complicated one, there is a great deal of preliminary work which must first be done. The areas which have been suggested as locations for Outposts will have to be investigated and arrangements made for financing. It is stated that the present annual disbursements in Canada are over $750,000.

Outstanding Canadian Radiologists Contribute Valuable Data at Convention in Toronto

IN addition to playing hosts to the imposing delegation of Radiologists from the United States who convened in Toronto from December 2nd to 6th, 1929, at the Royal York Hotel, it is interesting and gratifying to note that stellar roles were played by several outstanding Canadian radiologists, whose papers were received with considerable enthusiasm by the gathering. The Convention was a distinct success from more than one angle. More than six hundred of the leading members of the Radiological Society of North America were registered, in addition to others interested in the work of the profession. Much new material was presented in the extensive and intensive program, which consisted of ninety-seven papers, most of them illustrated with radiographic slides. Discussion was requested from the body of the Convention, and the enthusiasm manifested on all sides is an assurance of the continued strides which will be made in radiology.



DR. W. A. JONES
Kingston, Ont.
President, The Ontario Radiological Society.

Clinics were held daily at which twenty-five or fifty were attendant, depending on the nature of the demonstration. Three Dermatology Clinics were conducted by E. J. Trow, M.D., of Toronto, King Smith, M.D., of Toronto and Rollin H. Stevens, M.D., of Detroit. Both Toronto doctors presented specific cases under treatment, and the demonstration was supplemented by lantern slides showing the pathology. Four Heart Clinics were conducted by W. Edward Chamberlain, M.D., Stanford University Hospital, San Francisco, with four other doctors as collaborators. Dr. Stafford Warren showed Standardized Left Anterior Oblique Projection of the Heart in Proven (autopsied) Cases of Various Heart Lesions. Practical Dosimetry Demonstrations were led by Ernst A. Pohle, M.D., University of Wisconsin, Madison, Wisconsin, who was assisted by four other radiologists. A Bone Tumor Clinic was scheduled, to have been conducted by Jospeh C. Bloodgood, M.D., John Hopkins University, but Dr. Bloodgood was prevented by illness from attending.

No efforts were spared to make the Scientific Exhibit of the Society a great success and this year's was voted one of the finest and largest in the history of the Society's Conventions. To that end a special committee was engaged for the past ten months in designing a new type of collapsible shadow box, containing many new features which were much appreciated by the exhibitors. Among the Canadian exhibitors were Dr. Gordon E. Richards, Dr. W. H. Dickson and Dr. A. C. Singleton, all of the Toronto General Hospital, Dr. H. E. Schaef of London, and Dr. E. H. Shannon of St. Michael's Hospital Toronto.

Further proof of the eagerness of manufacturers and distributors of hospital supplies and equipment to co-operate with Associations through the display of their products at Conventions was furnished by the imposing array of X-Ray equipment. Among the exhibitors who were housed in the Ballroom of the Royal York Hotel, were Abbott Laboratories, American X-Ray Corporation, George W. Brady, Inc., Buck X-Ograph Company, Burke Electric & X-Ray Co., Limited, Cameron's Surgical Specialty Company, Davies, Rose & Company, Eastman Kodak Company, French Screen Company, The Hunt & Dorman Manufacturing Company, Kelley-Koett Manufacturing Company, Patterson Screen Company, Picker X-Ray Company, Standard X-Ray Corporation, Victor X-Ray Corporation and Wappler Electric Company.

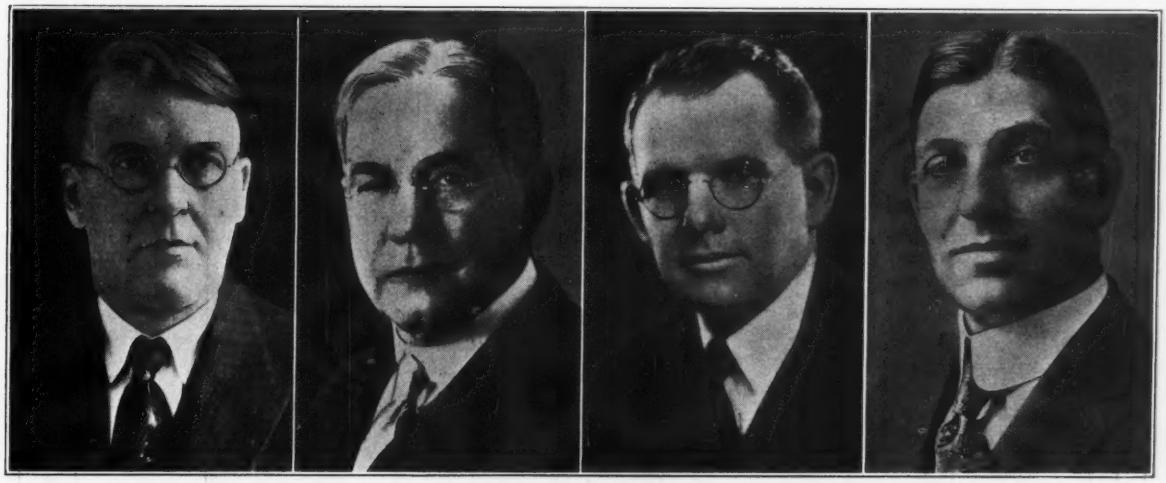
Year by year the Convention is attracting more visiting ladies—wives and daughters of the Members of the Radiological Society. Lady visitors this year were invited to participate in a very interesting round of social events planned by Mrs. G. E. Richards, Mrs. W. H. Dickson, Dr. W. J. Cryderman, Dr. Elizabeth Stewart and Dr. A. C. Singleton. With Canada the locale of the Convention, there was a preponderance of Canadian doctors on the Committees. The Executive Committee was composed of Dr. G. E. Richards as Chairman, assisted by Dr. H. E. Schaef, London, and Dr. A. H. Rolph, Toronto. Nor was the social side

of the Convention in general overlooked. An evening session combining a Counselors' Dinner, business session and radiological discussion was held on the first night of the Convention. Tuesday night was known as Canadian Night, and a program was conducted in the Concert Hall of the hotel by the Radiological Section of the Canadian Medical Association and the Ontario Radiological Society. Professor J. C. MacLennan, Professor of Physics at the University of Toronto, tendered a paper on "Radio-activity and Atomic Structure." The Harvey Film was shown at the Wednesday evening session held jointly with the Toronto Academy of Medicine.

The Annual Banquet was the occasion for the presentation of the Society's Gold Medals to two distinguished radiologists—Joseph Colt Bloodgood, M.D. of John Hopkins University and Russell L. Haden, M.D., Kansas City. The presentation of these two medals was the last official gesture of the retiring president, Dr. Maxmilian J. Hubeny of Chicago. With them, the list of gold medal winners now numbers twenty, including two women, Madame Curie of Paris, France, and Dr. Maude Slye of Chicago. Dr. Bloodgood received the reward "in absentia," being prevented by illness from attending. The principal speakers were Toronto luminaries, with the exception of the retiring president. Addresses were made by Canon Cody, chairman of the board of governors, University of Toronto; Dr. T. C. Routley, secretary of the Canadian Medical Association; Dr. A. Primrose, dean of the faculty of medicine, University of Toronto and Dr. W. W. Jones, president of the Toronto Academy of Medicine.

Three Toronto doctors were also the recipients of awards from the Society. Certificates for their work contributive to the advancement of radiology and X-Ray were presented to Dr. Gordon S. Richards, Dr. W. H. Dickson and Dr. A. C. Singleton, all of whom have made noteworthy contributions to medical science through their research work in the Toronto General Hospital. The incoming president of the Society, Dr. Robert J. May, was introduced to the gathering at the Annual Banquet.

The Convention proper opened on Monday afternoon, December 2nd, Dr. G. E. Richards calling the meeting to order and welcoming the members on behalf of the Medical Profession. A welcome from the City of Toronto was extended by Dr. Gordon Jackson, Medical Officer of Health, on behalf of Mayor McBride. The Society replied to this greeting through its spokesman, M. J. Hubeny, M.D., President of the Radiological Society of North America. Two sections were simultaneously conducted throughout almost the entire convention, necessitated by the number of members in attendance and the diversity of papers to be presented and discussed. Section "A" conducted a Symposium on Dosimetry during the balance of Monday afternoon, while Section "B" discussed various new phases of Radiology. It is interesting to note that Dr. King Smith of Toronto opened the discussion on "Some Skin Lesions Treated by Radium," and that Dr. L. J. Carter of Brandon presented the paper



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(1) *Dr. Robert May of Cleveland, Ohio, the newly-elected president of the Radiological Society of North America, who was installed in office at the Annual Banquet at the Royal York Hotel, Toronto, on the evening of December 5th.*

(2) *Dr. Joseph Colt Bloodgood of John Hopkins University, Baltimore, Maryland, received the gold medal of the Radiological Society of North America for his accomplishments in the fields of radiation and surgery. Dr. Bloodgood was prevented from attending the Convention by illness.*

(3) *Dr. Russell L. Haden of Kansas City, noted radiologist and author, was the recipient of a gold medal from the Radiological Society of North America for his research work in dental infection, and its recognition by means of X-Ray.*

(4) *Dr. Maxmilian J. Hubeny, past president of the Radiological Society of North America, under whose able direction the 15th annual meeting of the Radiological Society of North America was held at the Royal York Hotel, Toronto, from December 2nd to 6th.*

entitled, "A Report of 100 Consecutive Cases of Uterine Fibroid."

At the Tuesday morning session of Section "A," Dr. A. H. Rolph of Toronto discussed the paper "Congenital Atelectasis," and Dr. A. A. Fletcher and Dr. W. H. Dickson, both of Toronto, presented papers entitled "Changes in the Colon in Arthritis due to Nutritional Deficiency: Clinical Aspect" and "Changes in the Colon in Arthritis Due to Nutritional Deficiency" respectively. In Section "B" Dr. Gordon Richards of Toronto discussed "Traumatic Luxation of the Coccyx." It should now be mentioned that Tuesday commenced a two-day Symposium on Cancer. At the Tuesday afternoon session of Section "A" Dr. Richards and Dr. Singleton, both of Toronto, presented a joint paper entitled "Focal Infection in the Maxillary Antra as a Causative Factor in Systemic Disease." Dr. Paul Andrus of London, Ontario, read a paper on "The Measurement and Control of Sharpness in Radiography." In section "B" Dr. Leo Pariseau of Quebec City discussed Dr. Granger's paper entitled "A Positive Sign of Extensive Destruction of the Mastoid in Infants." On Wednesday, the Cancer Symposium was continued, with Dr. Richards of Toronto presenting "The Treatment of Secondaries in Breast Carcinoma," at the afternoon session of Section "A." At the same session Dr. Perry Goldsmith of Toronto discussed "The Use of Colloidal Lead for Hopeless Malignancies during the Past Three Years; Observations on Results of Treatment." In Section "B," Dr. L. J. Carter of Brandon discussed "The Clinical Significance of Roentgenologic Evidence of Non-Malignant Conditions of the Large Intestine.

On Thursday morning Sections "A" and "B" met together because the subject to be discussed was of general interest. The Committee for Investigation of the Cost of Medical Care presented a comprehensive report, dealt with elsewhere in this issue of the Canadian Hospital. The paper was followed by an address from Dr. G. Harvey Agnew, Director of Hospital Service of the Canadian Medical Association. He dealt with the investigations being carried out by the Canadian Medical Association along the same lines, dealing with the matter from the standpoint of each individual province. It is very significant that some of the problems with which the Investigation Committee in the United States are confronted, have been wholly or partially solved in Canada. Dr. Agnew created a noticeable impression on the gathering.

Later in the morning Dr. K. C. McKenzie of Toronto discussed the joint paper of Dr. Henry Pancoast and Dr. Temple Fay on "Encephalography as the Roentgenologist Should Understand It: An Attempt to Standardize the Procedure." At the Thursday afternoon session of Section "B," Dr. E. E. Cleaver of Toronto read his paper on "Ulcerative Colitis." At the Friday morning session of Section "B," Dr. W. L. Ritchie of Montreal presented a preliminary report on "R-Ray and Metabolism Studies in Diabetes;" Dr. K. G. McKenzie of the University of Toronto, a paper entitled "A Resume of Neurological Cases Presenting Points of Interest to the Roentgenologist;" Dr. C. M. Henry of Regina, "X-Ray Treatment of Gonorrheal Salpingitis;" Dr. J. E. Gendreau of the University of Montreal, "A Note Upon the Principles and Technics of Radiotherapy at the Radium Institute of Montreal;" Dr. R. M. Janes of the University of Toronto, "Bone Changes in Hemangiomata" which was afterwards discussed by Dr. Gordon Richards of Toronto. Dr. J. D. Crombie of the Calydor Sanatorium, Gravenhurst, was also on the program for this session.

At the afternoon session of Sections "A" and "B," again meeting together, Dr. W. H. Dickson and Dr. A.

Main Building of Verdun Hospital, Verdun, Quebec, showing Solaria added to front of building, over main entrance.

A. Fletcher, both of Toronto, discussed Laurence H. Mayer's paper on "A Concept of Arthritis, etc." Dr. C. C. Macklin of London presented a paper entitled, "Researches on Bronchial Movements by the Aid of X-Rays," and later opened the discussion on "The Site of Predilection for Cross-infections from the Right to the Left Lung." At the business session which followed, the newly elected officers were introduced and installed in office. The supporting slate for Dr. Robert J. May of Cleveland, the new president, consist of: Dr. Gordon E. Richards, Toronto, 1st Vice-president; Dr. Leon Menville, New Orleans, 2nd Vice-president; Dr. H. B. Thompson, Seattle, 3rd Vice-president; Dr. I. S. Trostler, Chicago, Secretary-Treasurer; Dr. Charles G. Sutherland, Rochester, Minnesota, Librarian (Re-elected); Dr. Byron Jackson, Scranton, and Dr. Rollin Stevens, Detroit, members of the executive committee.

Tentative plans have already been made for holding a monster congress of radiologists from all over the world in connection with the Chicago Centennial World's Fair in the summer of 1933. Dr. Preston Hickey of Ann Arbor, Michigan, director of radiology at the University of Michigan is chairman of the special committee responsible for planning the congress of experts in the science of radiology.

Christmas is Celebrated at Western Hospital, Toronto

As usual, the wards at the Western Hospital, Toronto, presented a gala appearance during the Christmas season. Sickness is to be regretted at any time, but much more so at Christmas, when everyone makes an effort to be part of the family circle. The Western Hospital has for many years endeavored to minimize the regrets of the patients by bringing a Christmas atmosphere into the hospital, achieved through the conventional and time-honored decorations of green and red and silver. Happy faces and cheerful hearts are the result, and the happiness that comes to the patients is reflected in their speedy recovery.

Once again, we were asked to attend the annual Christmas tree, which Mr. W. E. Sharpe, the laundry superintendent, gives for his staff. Bundles big and small, parcels square and round, were grouped about the large tree, brilliantly illuminated with tiny electric lights and festooned with tinsel. The entire laundry plant was decorated with hanging lanterns, Santa Claus figurines and green and red roping. Late in the afternoon the parcels were distributed to the laundry staff, Mr. A. C. Galbraith, the superintendent, presiding as the genial Santa Claus.

Not only are the laundry staff made happy at Christmas. The Western Hospitals sets an example by being one of the few hospitals to give its employees a Christmas bonus. This remembrance of the hospital is reflected in the loyalty of the staff to the institution.

Special Committee of Radiologists Deals With Cost of Medical Care

ONE of the most discussed subjects of the present day is the cost of medical care to the middle class patient. This engrossing and perplexing subject is under investigation by the Committee for investigation of the cost of medical care of the Radiological Society of North America. The Committee was organized two and a half years ago for the purpose of making a complete study of all phases of this problem. It is essentially a fact-finding committee in a field where there is astonishingly meagre accurate information. The appointment of this committee had its origin in the general dissatisfaction arising out of the fact that adequate medical care was more or less out of reach of the middle class. Consequently, a five-year program was mapped out for the committee. A compilation of present data was found to be necessary before going farther afield, and this included statistics of the cost of medical care in various and well defined groups, the cost of dental work, pharmacy costs, the economic aspects of the care of the sick, and the prevention of illness, etc. In connection with the care of the sick, we find that accommodation and general care are being demanded on a higher scale than formerly. The cost of medical care has increased because of the greater skill and technical apparatus which present approved methods demand.

The crux of the matter is, who shall bear the increased cost? It is a puzzling question just how far outside agencies can enter in without destroying the initiative of the individual medical man. Heretofore, the medical man, in many cases, has adopted a sliding scale of charges, whereby the rich paid more than their share, or at least more than their less wealthy brethren. Consequently, the medical profession has been subjected to a great deal of criticism. The physician himself has been forced to bear part of the burden by rendering service to a growing unlucrative clientele. From an impartial point of view, the medical man should not be expected to render his valuable services free of charge. No profession or business can be expected to progress unless a fair return can be realized. So, that both of the present unorganized, but nevertheless prevailing methods of bearing this increasing cost of medical care are unsatisfactory.

Several methods of meeting this increasing cost have been suggested. The committee investigating the matter apparently objected to State Medicine, because the initiative of the individual medical man was jeopardized. . Consequently, the committee has directed its attention to a study of Health Insurance for the middle class, which would allow them to chose their own doctor and hospital. The committee thinks that the matter will receive further alleviation from the efforts which are being expended to prevent disease. There is also a movement afoot which should gradually but effectively eliminate poorly qualified practitioners. Greater attention is being directed to hospital economies, which should also effect savings in construction, equipment and administration.

The committee has recently issued a summary of its first two years' work, showing a number of extensive studies already completed, and a much larger number under way. In this summary, the following statement is made: "The Committee on the Cost of Medical Care after two years of careful study, still hopes that it may be possible to work out a plan providing adequate and efficient therapeutic and preventive treatment for the whole population at a reasonable cost to the individual, which at the same time will give the physician, nurse, dentist, hospital and other agencies assurance of adequate return. What the provisions of such a plan should be, the committee does not know. It believes, however, that its investigations of the present situation will result in helpful recommendations for the development of a successful and effective procedure."

Among other agencies co-operating in the study are the following: American Medical Association, Metropolitan Life Insurance Company, United States Public Health Service, state and local departments, visiting nurses' associations, Social Science Research Council, National Drug Trade Conference, American Dental Association.

Will Require Hospitals to Register Births

The following regulation with regard to registration of births occurring in hospitals and other institutions in Manitoba, has been made effective by Orders-in-Council.

When a birth occurs in a hospital, or other institution, and the mother is a non-resident of the place, in which the hospital or institution is situated, the superintendent, matron or other person in charge shall, before the mother leaves the hospital or institution, register the birth on the prescribed form and file the record of birth with the registrar of vital statistics for the division in which the hospital or institution is situated.

In Memoriam

We wish to extend to Mr. William Sharpe, superintendent of the laundry department, Western Hospital, Toronto, our sincere sympathy on the loss of his wife. Mrs. Sharpe's death during the early part of December was very sudden. She will be missed very much by Mr. Sharpe's staff, with whom she was as popular as the laundry superintendent himself. At the annual Christmas tree which Mr. Sharpe gives to his staff, we were shown a large Christmas mural, which had been dedicated to the memory of Mrs. Sharpe.

St. Rita Hospital, Sydney, N.S., Reopened by Sisters of St. Martha

THE Ross Hospital which has been closed to patients since December, 1928 was re-opened to the public during the month of September under the name of the Saint Rita Hospital. The new wing is constructed of Bluenose Face Brick with interlocked hollow tile, the old building is of brick also. The old wing has been entirely renovated and the entire building, when completed, will be one of the most up-to-date Hospitals in the Province, having a capacity of fifty beds and all modern equipment. The building is three storeys and basement. The ground floor, or basement, contains a large, spacious kitchen which has been fitted out with every possible equipment to meet the needs of a Hospital kitchen. Directly off the kitchen an electric refrigeration plant has been installed, thus enabling the Hospital to make their own ice supply. Across the corridor from the kitchen are three dining-rooms. The main ambulance entrance is on this floor, also the central linen room, store room and boiler rooms.

The main entrance is on the first floor and as one enters the building a very home-like appearance is presented. The corridors are large and beautifully arched giving it a very attractive appearance. The Nurses' Station on each floor is set in an arch-way. Directly above the Nurses' Desk is the Silent Call Light Signal which registers here, thus enabling the nurse to know at a glance just where she is wanted. Directly opposite the main entrance is a modern electric elevator, installed by the Otis Fensom Elevator Company. Here also on this floor is the Main Office and Record Room, a large Memorial Chapel, a memorial gift to the Late Revered Reverend D. M. MacAdam, Parish Priest of Sydney, who while living was one of the interested friends of the Hospital. On this floor also is found a reception room, diet kitchen, medicine closet, utility room, etc., and further down the corridor we come to the Children's Ward which is a very pleasing feature of the new building. Directly off the ward is a children's bath and a large toy cupboard. At the extreme end of the corridor, directly opposite each other are the two Male Wards. These wards are four-bed wards with bath, which are to be used for Medical and Surgical cases. The men's wards and children's ward have been supplied with floor lights as well as the ceiling and bracket lights This is found to be a great advantage in Hospitals where at night a nurse who is called to a patient may do her work without disturbing the other patients.

There are six private rooms and three semi-private rooms on the second floor, also diet-kitchen, baths, closets and nurses' station. The diet kitchens are equipped with electric dish washers, electric ranges and electric refrigerators, also steel tray racks and

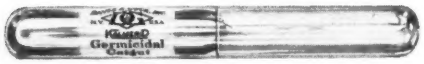
Continued on page 25

TEODORICO BORGOGNONI (1205-96) ranks among the great surgeons in history for his courage and originality in contradicting the pseudo-Galenist dogma of suppuration. He sought to promote healing *per primam* by thorough cleansing of the wound, scrupulous removal of all foreign matter, and careful approximation of the edges with sutures. Wounds of the intestine were sutured over a cannula of elderwood with fine catgut, or with fine silk if catgut was not available.

D&G Sutures PRICE LIST FOR DOMINION OF CANADA

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE* NO.		NON-BOILABLE NO.
1205	PLAIN CATGUT	1405
1225	10-DAY CHROMIC	1425
1245	20-DAY CHROMIC	1445
1285	40-DAY CHROMIC	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....$3.60

Less 20% on gross or more or $34.56, net, a gross

Claustro-Thermal Catgut

ASEPTIC. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.

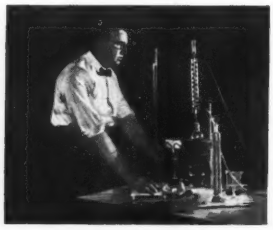
NO.	
105	PLAIN CATGUT
125	10-DAY CHROMIC CATGUT
145	20-DAY CHROMIC CATGUT
185	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....$3.60

Less 20% on gross or more or $34.56, net, a gross

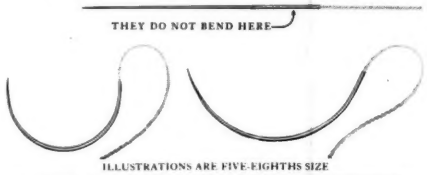


D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Atraumatic Needles

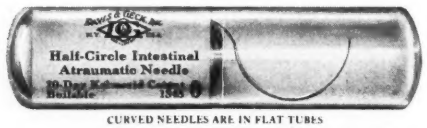
FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE

STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.		INCHES IN TUBE	DOZEN
1341	STRAIGHT NEEDLE	28	$3.60
1342	TWO STRAIGHT NEEDLES	36	4.20
1343	3/8-CIRCLE NEEDLE	28	4.20
1345	1/2-CIRCLE NEEDLE	28	4.20

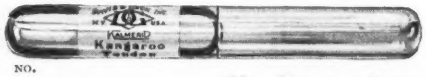
Less 20% discount on one gross or more

Sizes: 00..0..1

Packages of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370	NON-BOILABLE GRADE
380	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....$3.60

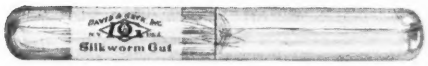
Less 20% on gross or more or $34.56, net, a gross

DAVIS & GECK INC. ▿ 211-221 DUFFIELD ST. ▿ BROOKLYN, N.Y.

D&G Sutures are obtainable from responsible Canadian dealers; or direct, postpaid

PRICE LIST FOR DOMINION OF CANADA **D&G Sutures**

Unabsorbable Sutures



NO.		INCHES IN TUBE	SIZES
350	CELLULOID-LINEN	60	000, 00, 0
360	HORSEHAIR	168	00
390	WHITE SILKWORM GUT	84	00, 0, 1
400	BLACK SILKWORM GUT	84	00, 0, 1
450	WHITE TWISTED SILK	60	000 TO 3
460	BLACK TWISTED SILK	60	000, 0, 2
480	WHITE BRAIDED SILK	60	00, 0, 2, 4
490	BLACK BRAIDED SILK	60	00, 1, 4

BOILABLE

Package of 12 tubes of a size.....$3.60
Less 20% on gross or more or $34.56, net, a gross

Short Sutures for Minor Surgery

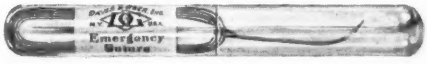
NO.		INCHES IN TUBE	SIZES
802	PLAIN KALMERID CATGUT	20	00, 0, 1, 2, 3
812	10-DAY KALMERID "	20	00, 0, 1, 2, 3
822	20-DAY KALMERID "	20	00, 0, 1, 2, 3
862	HORSEHAIR	56	00
872	WHITE SILKWORM GUT	28	0
882	WHITE TWISTED SILK	20	000, 0, 2
892	UMBILICAL TAPE	24	⅛-IN. WIDE

BOILABLE

Package of 12 tubes of a size.....$1.80
Less 20% on gross or more or $17.28, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.		INCHES IN TUBE	SIZES
904	PLAIN KALMERID CATGUT	20	00, 0, 1, 2, 3
914	10-DAY KALMERID "	20	00, 0, 1, 2, 3
924	20-DAY KALMERID "	20	00, 0, 1, 2, 3
964	HORSEHAIR	56	00
974	WHITE SILKWORM GUT	28	0
984	WHITE TWISTED SILK	20	000, 0, 2

BOILABLE

Package of 12 tubes of a size.....$3.00
Less 20% on gross or more or $28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.

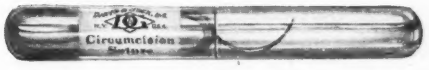
Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*

No. 650. Package of 12 tubes.....$4.20
Less 20% on gross or more or $40.32, net, a gross

Circumcision Sutures

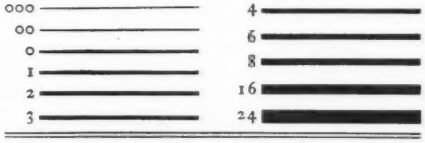
A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*



No. 600. Package of 12 tubes.....$3.60
Less 20% on gross or more or $34.56, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown



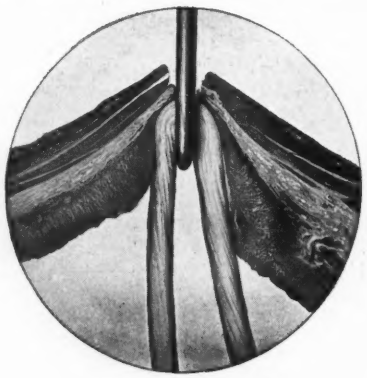
*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

DAVIS & GECK INC. ▾ 211-221 DUFFIELD ST. ▾ BROOKLYN, N.Y.

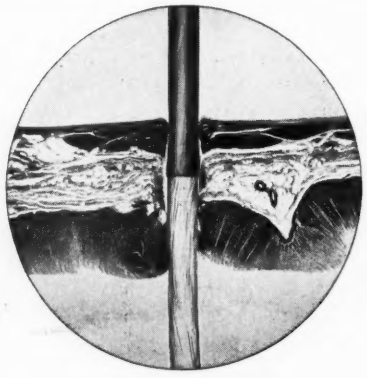
Printed in U.S.A. ▾ The Private Press of Davis & Geck Inc. ▾

MINIMIZED SUTURE TRAUMA



ORDINARY NEEDLE

Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



ATRAUMATIC NEEDLE

Photomicrograph prepared under identical conditions, of the D&G Atraumatic Needle with suture attached. Note minimized trauma.

D&G ATRAUMATIC NEEDLE

Affixed to the Boilable Grade of 20-Day Kalmerid Germicidal Catgut

FOR GASTRO-INTESTINAL AND MEMBRANE SUTURING

IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE

PRODUCT NO.		DOZEN TUBES
1341.	A straight intestinal needle affixed to a 28-inch suture.....	$3.60
1342.	Two straight intestinal needles affixed to a 36-inch suture.....	4.20
1343.	A ⅜-circle intestinal needle affixed to a 28-inch suture.....	4.20
1345.	A half-circle intestinal needle affixed to a 28-inch suture.....	4.20

SIZES: 00..0..1

20 PER CENT DISCOUNT ON A GROSS OR MORE—POSTPAID

DAVIS & GECK INC. ▽ 211-221 DUFFIELD STREET ▽ BROOKLYN, N.Y., U.S.A.

St. Rita Hospital, Sydney, N.S., Reopened by Sisters of St. Martha

Continued from page 20

dumb waiter. Two shower baths have been installed on this floor.

In the old wing on the third floor are two private rooms, two semi-private rooms, utility room and baths. The new wing is entirely taken up with X-Ray Department Laboratory, Case-room, Nursery, Sterilizing room, Doctor's Scrub room and Operation rooms. The Doctor's room is fitted out with lockers where each surgeon keeps his gowns, etc., for surgical work. A shower bath has also been installed here for doctors. The X-Ray is a late Model Snook purchased from Victor X-Ray Corporation. The Operating Room Light is a Scialytic.

The floors in the new wing are to be covered with dark green battleship linoleum, while the old wing will have polished hardwood floor. The rooms in the old wing have all been painted and no two are alike. Mahogany steel furniture is to be used.

The Hospital is situated on King's Road and is an ideal location for a Hospital, overlooking as it does the beautiful Sydney Harbour. Sunshine and fresh sea breezes are one of the many attractions for this hospital.

Conducted by Sisters of St. Martha

The Hospital is owned by the Corporation of the Sisters of Saint Martha, their Mother-house being at "Bethany," Antigonish, N.S. The Hospital was taken over by the Sisters in 1920. Before this time it was a private dwelling house owned by Mr. J. K. L. Ross of Montreal. During the war it was used as a Convalscent Hospital for Returned Soldiers. The present Superintendent is Sister Marie Carmel, R.N. There are five Graduate Nurses also a Superintendent of Nurses and fifteen Student Nurses.

The Hospital Board of Trustees consists of: President, Reverend J. H. MacDonald, P.P., Sydney, N.S.; Vice-president, A. A. MacIntyre, Esq., K.C., L.L.D., Sydney, N.S.; Secretary, Hugh V. Chisholm, Esq., Deputy Mayor, Sydney, N.S. Other members are: Reverend J. M. Kiely, P.P., Whitney Pier, N.S.; Harry J. Kelly, Esq., General Manager, Dominion Iron & Steel Corporation, Sydney, N.S.; Dan McCarthy, Sydney, N.S.; R. J. Logue, Sydney, N.S.; Frank Fitzgerald, Whitney Pier, N.S. Reverend Mother M. Ignatius, Mother General of the Sisters of Saint Martha, Bethany, Antigonish, N.S.

The Nurses' Home which was built in 1928 is situated at a distance of about fifty yards from the Hospital and is located also on King's Road, overlooking Sydney Harbour.

The floors in Diet Kitchens, Operating Room, Baths, Utility Rooms and Laboratory are of English tile. The walls in the above mentioned rooms are of Keen cement and are enamelled with light grey enamel. Telephones have been installed in many of the private rooms, while the whole system is controlled by a switch-board in the main office.

Keeping Adequate Hospital Records and Returns

By MR. A. L. McPHERSON,
Inspector of Hospitals for Ontario.

IN the larger hospitals, where qualified book-keepers and accountants are employed, the matter of keeping adequate records presents no great difficulty. In the smaller hospitals however, of which there are a great many in the Province, where the business turnover is not large enough to justify the added expense of a qualified book-keeper and the Nurse in charge is called upon to assume the duties of book-keeper, along with her already heavy responsibilities, the keeping of records and the making of returns presents a very real problem.

A new Form for Reporting Admissions, Discharges and Deaths should Help to Eliminate Errors.

I believe that this is a problem which the Ontario Hospital Association is undertaking to deal with in a practical way. I wish to assure you, Mr. President, and members of the Association, that you have the hearty co-operation of the Department of the Provincial Secretary in this undertaking, and that I am here to be of any service which it may be my privilege to render. It is a well known fact that general hospitals which care for public and indigent patients as well as paying patients, operate at a loss. In civic hospitals the annual deficit is absorbed by the corporation of the city. In the smaller hospitals this deficit must be met by grants from municipal corporations and gifts and donations from philanthropic organizations, companies, private individuals and others.

It is becoming more evident each year that prospective donors of large amounts demand to be convinced that the charities for which their gifts are solicited are being conducted along sane and safe financial lines, and that their administrators are making good use of the funds entrusted to them. Hospital Boards, in approaching their local municipal council for a grant to take care of the annual deficit, must be able to present an accurate financial picture of the year's operations as a basis for their appeal. They must produce a statement which shows the actual average per diem cost of maintenance of each patient treated.

According to the Report upon Hospitals and Public Institutions for the year ending September 30th, 1928, the average per diem cost of maintenance of each patient treated in the hospitals of this province was $3.76. It will be seen from this that on each public ward patient treated the loss amounted to $1.41 per day. It is gratifying to know that many municipalities in the Province, in addition to the regular rate of $1.75 per day paid for indigents, are providing funds by way of lump sum grants to take care of this loss. I cannot help but feel that a financial report as outlined by the Department on Form No. 221, when accurately completed, gives a very concise picture of the year's activities, and can be interpreted at a glance.

Accompanying the forms of "Financial Report" sent out to the hospitals from the Department, was a letter of explanation dealing with those items on the report which it was feared might be misunderstood by some. However, if there are any items on the report which are not yet clear and upon which you require further explanation, I shall be very glad indeed to receive your written inquiries, and can assure you that they will receive my prompt and careful attention.

I regret to say that judging from the returns of Admissions, Discharges and Deaths sent to the Department from the hospitals it is obvious to me that many of the officers compiling them do not realize that the Provincial grant is computed entirely on their returns. Without doubt if that fact were carefully understood, the returns received each month would show a much greater degree of accuracy.

In an effort to simplify the work of making accurate returns to the Department a new form for reporting Admissions, Discharges and Deaths has been developed. I feel that this new form will, in a large measure, eliminate the errors that have crept into the returns in the past. I should like to say just here, that no little credit is due to the enterprising, energetic and efficient Assistant Secretary of your Association, Miss Dorothy Dart, whose helpful suggestions have been incorporated in this new form of return.

1. Perhaps the most frequent of all errors is that of reporting a patient on admission, at a rate in excess of $12.25, and the same patient on discharge or death at a rate of $12.25 or less. Needless to say all such entries are crossed out and no per diem grant is allowed for those patients.

If at any time a patient is reported on admission at a rate in excess of $12.25, and for any reason, it is later learned that only $12.25 or less can be collected, or if a patient is transferred to the public ward from a private or semi-private ward, the day's stay should appear in the proper column, or may be divided between the two columns, and the word "Transferred"

Continued on page 37

Address
DEPUTY PROVINCIAL SECRETARY
PARLIAMENT BUILDINGS
TORONTO

PROVINCE OF ONTARIO
GOVERNMENT RETURN
(Under Sections 9-10, Chap. 359, R.S.O. 1927)

FOR THE MONTH ENDING
.....19.....

..... Hospital .....
(Statutory name of Hospital in full)

ADMISSIONS—DISCHARGES AND DEATHS

Register Number	NAME	RESIDENCE	Age	Rate per Week	Date of Admission	Date of Discharge	Date of Death	NO. OF DAYS' STAY			Who is Responsible for payment of Maintenance?
								At more than $12.25 weekly	At $12.25 weekly or less	Infants Born	

SUMMARY FOR THE MONTH OF.....19.....

	MALES	FEMALES	TOTAL
1. Number of patients remaining in Hospital at end of previous month			
2. Number of patients admitted during the month			
3. Number of births during the month (including still births)			
4. Total number of patients under treatment, or lodged in the hospital during month (including infants born in the hospital and inmates in residence at the close of the previous month.)			
5. Number of patients discharged during the month			
6. Number of deaths during the month			
7. Number of still births during the month			
8. Number remaining in the hospital at the end of the month			
TOTAL			

Total days in residence at rate in excess of $1.75 per day	
Total days in residence at rate of $1.75 a day or less	
Total days in residence of infants born in hospital	
Total days' stay of patients discharged (including deaths) during the month	*

**This total must agree with totals recorded on opposite page of this return.*

IMPORTANT

Those responsible for the compilation of returns given on the within Form are requested to comply with the following directions:

1. The identification of patients by numbers is absolutely necessary in order to facilitate the checking of returns. You are, therefore, required to allot No. 1 to the first patient admitted on October 1st each year, and consecutive numbers to following admissions in chronological order.

2. When the admissions for the entire month have been listed you will then give the required information in regard to the discharges (or deaths) of the patients listed. The Discharge and Death columns will remain blank opposite the names of patients still in hospital at the end of the month.

3. You will follow the above with a list of the Register numbers, names and dates of admission of patients discharged or died during the month but who were admitted during the previous months, together with the total days' stay. This should be in the order of the Date of Discharge. In reporting the discharge of a patient in residence over one year use the figures designating the year of admission in addition to the number.—Example—patient admitted during 1928 and discharged during 1929, "No. 234-28."

4. The Summary is to be made out on the last sheet of your report.

Certificate

We hereby certify that the information given in the within monthly return is true and correct, and is in accordance with the books and records of the .....Hospital.

Dated at.....

.....
An Officer knowing the facts.

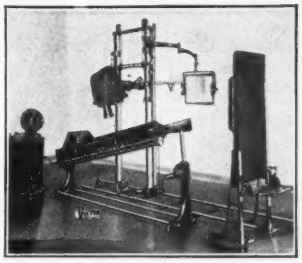
.....19*.....

.....
Supt., Sec'y, Treas. or Officer of Board.

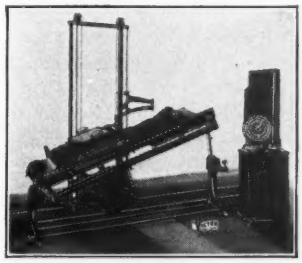
The above is a reproduction of a new form for the recording of Admissions, Discharges and Deaths, for the use of the Hospitals of Ontario reporting to the Provincial Secretary. Hospital executives in other Provinces, who may desire a sample set of forms, are requested to write to the Deputy Provincial Secretary, Parliament Buildings, Toronto.

Radiography Made Safe

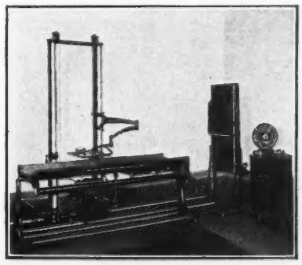
with the Victor Shock-Proof X-Ray Unit



Angular Radiography
A crank and worm-gear arrangement facilitates tilting the table from either end.



Angular Fluoroscopy
Tube head lowered and swung under table, also revolved on its axis to direct the rays upward. Note how conveniently the fluoroscopic screen is brought into position.



Horizontal Fluoroscopy from Under the Table
Observe the extension arm attached for operating the shutters and manipulating the tube head. The fluoroscopic screen and tube head move in unison.

Other features

100% electrically safe. Compact.
Silent operation. Self-contained.
Greater flexibility. Longer tube life.
Increased diagnostic range.
Eliminates overhead system.
Same tube used over and under table.
Not affected by altitude or humidity.

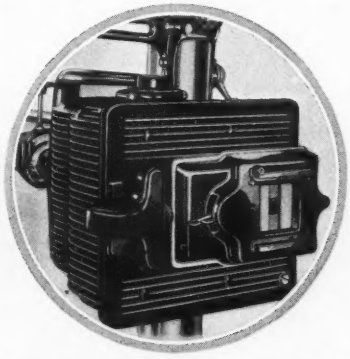
It's Oil Immersed

THEY said it couldn't be done. To eliminate *all* danger of shock from X-ray apparatus does seem impossible. Yet Victor engineers have succeeded.

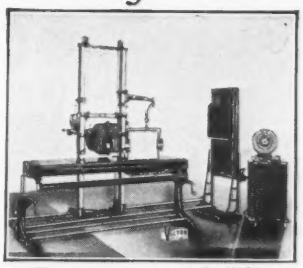
The secret of the Victor Shock-Proof X-Ray Unit, as you will see from study of the illustration, lies in the tube head. Both X-ray tube and high tension transformer, *immersed in oil*, are sealed inside this container. Completely insulated, the high tension current that has made X-ray apparatus dangerous, is kept where no one can come in touch with it.

Handle any part of this Victor Unit while in operation. There is no possibility of shock. Scientific publications the world over are proclaiming this one of the most remarkable achievements of recent years. Truly this unit represents, as they say, the most important development in roentgenology since the Coolidge tube itself.

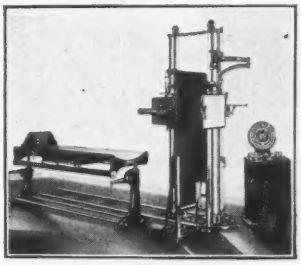
May we send you a folder illustrating and describing this remarkable unit?



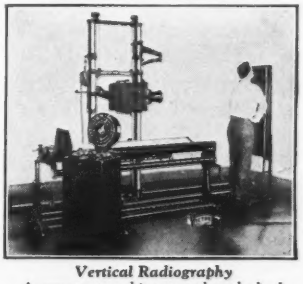
Close-up of tube head of Victor Shock-proof X-Ray Unit in which both the X-ray tube and high tension transformer are mounted in oil, completely insulated and sealed, thus confining all high voltages within this head



Fluoroscopy Crosswise the Table
Offers new possibilities in routine X-ray diagnosis. The tube head may also be adjusted angularly for this purpose. Thus the tube is adjusted to the patient rather than the patient to the tube.



Vertical Fluoroscopy
The tube head is behind the vertical fluoroscope. Note how the fluoroscopic screen swings into its natural position. The tube head and screen move in unison.



Vertical Radiography
A cassette tunnel is mounted on the back of the vertical fluoroscope. A vertical stereo shift (motor operated) is provided on the tube head carriage.

Other features

Introduces a new principle of control.
Consistent results.
Complete diagnostic service.
Unit construction permits variation according to specialty.
Minimizes danger around ether, as when setting fractures, etc.
Few retakes—longer tube life.

Victor X-Ray Corporation of Canada, Ltd.

Manufacturers of the Coolidge Tube and complete line of X-Ray Apparatus VICTOR ***Physical Therapy Apparatus, Electro cardiographs, and other Specialties***

524 Medical Arts Building, Montreal
Medical Arts Bldg., Winnipeg
Motor Transportation Bldg., Vancouver
2 College Street, Toronto
Tegler Bldg., Edmonton

A GENERAL ELECTRIC ORGANIZATION

Please refer to THE CANADIAN HOSPITAL when writing

News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, and Personal News of Hospital Workers

Editor's Note: Contributions of items for publication in this department will be gladly received. Please Address, The Canadian Hospital, 454 King Street West, Toronto.

BRANDON, MAN.—During the latter part of November, the nurses' home of the Brandon General Hospital was officially opened. Opening off the large entrance hall are attractive sitting rooms where the nurses may receive visitors. The library is also on the first floor. An up-to-date kitchen opens off the dining room, and the living room also is adjacent. The superintendent's suite is on this floor, also those of the supervisors. There are 26 new bedrooms, making a total of 67 now available.

* * *

DIGBY, N.S.—Among other things recently decided at a special meeting of the Digby Hospital Board was that a wooden structure would be built instead of a brick one. The wooden building will cost in the neighbourhood of $40,000. Construction will commence in the Spring.

* * *

LACOMBE, ALTA.—The need for a new local hospital was stressed before a recent meeting of the Board of Trade. The Secretary of the Board, Mr. Allan MacDonald reviewed the progress of the present hospital, and advanced reasons for the establishment of a new building.

* * *

LONDON, ONT.—The construction of the new $1,200,000 hospital for the city to replace the present Victoria Hospital, took another forward step, when it was recently announced that the preliminary blueprints had been prepared. These are expected to be given the attention of the Board some time in January.

* * *

MONTREAL, QUE.—In 1941, the Hospital for Crippled Children may benefit to the extent of $100,000 through the will of the late Albert William Atwater, K.C. The late Mr. Atwater died at Intra, Italy, on November 2nd, and was brought back to Montreal for burial. By the terms of his will he sets aside $100,000, which is to be invested preferably in bonds of the Dominion of Canada, or the Province of Quebec, and the income handed to a lady in Paris, France, till she dies or remarries. If she is not living in 1941, the money reverts to his widow, and upon the death of Mrs. Atwater, to the Hospital for Crippled Children.

NEW GLASGOW, N.S.—The need for a Contagious Disease Hospital has induced the New Glasgow Board of Health to secure a lease on the offices of the Maritime Bridge Company's office. This structure is to be fitted up adequately, and will contain twenty beds. Proper heating facilities are being looked after.

* * *

OTTAWA, ONT.—St. Mary's Hospital on Cambridge Street will no longer be known by that name. Official notice has been received by the Sisters of Misericordia from the Honorable Lincoln Goldie that the institution will be recognized by the province as a general hospital, and will henceforth be known as the Misericordia General Hospital. This is in compliance with a request made some time ago by the Sisters that the hospital be recognized as a general, in order that the attending staff might be organized. Steps toward this organization will be taken accordingly.

PICTON, ONT.—The annex of the Prince Edward County Hospital was officially opened on December 12th. Perhaps the most needed service afforded by the hospital addition is the maternity suite of three rooms, which was equipped by Mr. and Mrs. Walter Fraser, of New York City, former Picton residents. Rooms have been furnished in most cases by charitable organizations and interested persons. The modern, newly installed Otis Fenson elevator is the only elevator of its kind in Prince Edward County. The new annex which cost about $25,000 provided accommodation for 16 additional patients. Miss Laura Gaden is the superintendent of the institution.

* * *

RICHARDS LANDING, ONT.—The new hospital at Richards Landing is nearing completion. The building is of red brick construction with slate roof and fireproofed. The hospital is the gift of Mrs. Mortimer Matthews of Glendale, Ohio, whose summer home is in the vicinity of Richards Landing.

* * *

ST. JOHN, N.B.—Dr. .Broderick has tendered his resignation as dentist in the out-patient department of the General Public Hospital. Dr. J. R. Gosnell has been appointed to fill the vacancy.

* * *

TORONTO, ONT.—No fewer than fourteen full-time workers are now busily engaged without any compensation whatever in the research laboratories of the Sick Children's Hospital. Dr. Banting of insulin fame is among the workers, now spending almost his entire time on research work in this hospital. The problem of intestinal intoxication, a bane of childhood, and vitamin theories, are among the subjects of research.

* * *

WAINWRIGHT, ALTA.—A high pressure water system for the purpose of fire fighting has been completed for the local hospital. This consists of a high pressure pump, and the necessary extra piping, with a hose reel and fifty feet of hose line on each floor of the institution. A new lighting system has also been installed in the operating room.

* * *

WEYBURN, SASK.—Dr. R. M. Mitchell, superintendent of the Provincial Mental Hospital at Weyburn, has tendered his resignation to the Government of Saskatchewan, to take effect at the pleasure of the Government. Dr. Mitchell was appointed to the superintendency of the hospital in March, 1919, previous to which time he was a member of the Legislature.

* * *

WINNIPEG, MAN.—Following a year in which the number of patients treated exceeded all previous years, officials of the Winnipeg General Hospital have prepared tentative plans for badly needed buildings, which will cost in the neighborhood of $65,000 exclusive of equipment.

Co-operative Treatment of the Sick is Success at Rosetown, Sask.

By A. ESSON,
Secretary-Manager, Rosetown Union Hospital,
Rosetown, Sask.

IN the Province of Saskatchewan, the idea of the co-operative treatment of the sick has perhaps made greater strides than in any other part of Canada, or in fact any other place in the world. Treating the sick, or at least finding the necessary money for the purpose has been more or less successfully accomplished in devious ways, both in older countries and newer ones. This end has been accomplished by charitable subscription, house to house canvass, and in some cases partly by taxation. But the idea of levying a Municipal tax for the co-operative, or so-called "free" treatment of the sick in hospitals, if it did not actually originate in Saskatchewan, has possibly reached its greatest efficiency, and its most successful operation in that province.

In the Province of Saskatchewan are seventeen separate areas known as Union Hospital Districts, the boundary lines of which have been defined by Local and Municipal Governments, and mutually agreed upon by the resident taxpayers of these areas. In these districts, the resident sick and their dependents —this refers to taxpayers or tenant farmers—and other classes selected by the Municipal Councils concerned, are treated in hospitals, the capital costs and running expenses, of which are borne from monies levied on the lands as taxes for that express purpose.

In actual operation, this method of caring for the sick after ten years or more of experimentation and consequent adjustment, and the amendment of Provincial Acts, in which the necessary legislation is found, gives what is known as "free" treatment to the large majority of their residents at a cost which in modern times is almost negligible to the ratepayers.

One of the pioneering Districts in this work, and one of the most successful Union Hospital Districts in the province of Saskatchewan, is the Rosetown Union Hospital District. This District is composed of the Rural Municipalities of St. Andrew's, No. 287; Pleasant Valley, No. 288; Mountain View, No. 318; Marriott, No. 317, and the Town of Rosetown, a flourishing agricultural centre whose population is 1,500. The assessed valuation of this area, is, in round figures, some $15,000,000. An average assessment of 1 1-2 mills on the dollar of assessed valuation pays all the costs of actual Hospital treatment, while a like assessment of 1 mill produces enough money to retire capital indebtedness. The average cost on the average quarter section of land in the area concerned varies from $6 to $8 per annum.

The ratepayers of the community are proud of their Hospital plant, and enthusiastic in the furtherance of Hospital work, as will be seen when it is put on record that after the completion of the new extension to the Hospital in 1929, several organizations donated furnishings to the value of approximately $2,000. The old building was of brick and tile construction, and had a capacity of 21 patients. This has been remod-

elled and overhauled, and an extension built at a cost of $60,000. The whole building is now an up-to-date unit, a description of which follows.

The total capacity of the completed Hospital is officially 42 beds, with a pressure capacity of more if necessary. The basement contains the main kitchen and kitchen storage, with space for Frigidaire. Nurses' Dining Room, Service Pantry, Helps' Dining Room, four Bedrooms for the Help, 2 Lavatories, Medical Supply Storage, rough storage, heating and pumping plant, high pressure steam plant, X-ray Department and Morgue. An electric elevator operates between all floors. The first floor has an attractive entrance rotunda, administration and admission offices, 2 utility rooms, 2 bath rooms, 4 private rooms, 2 public wards, 3 semi-private wards and diet kitchen.

The second floor contains a complete operating room suite, consisting of Doctors' Room, Scrub Rooms for Doctors and Nurses, Operating Room, Sterilizing Room, Case Room. This floor has also two private rooms, Dispensary, 2 bath rooms and toilets, 3 public wards and one semi-private room, also diet kitchen. Sun rooms on each floor are placed on the south end of the building, and are 10 ft. by 36 ft. Terrazzo floors are laid on the main entrance rotunda and throughout the operating room suite, and the stairs are of terrazzo with steel nosings on treads. Birch floors are laid in the wards and private rooms. The X-ray room and dark room are well equipped for routine X-ray and Fluoroscopic work, and all departments of the hospital are well equipped with all the necessary requirements.

The construction of the new wing is of the latest fireproof design, having Mansillon joists and cement slabs throughout, the partitions being hollow tile or Gypsum. The Hospital Board has a Capital Interest in the completed plant of approximately $112,000 which consists of the main Hospital Building and commodious Nurses' Home, Activated Sludge Sewage Disposal Plant, Laundry Building, and Engine Room and Isolation Hospital, together with the equipment contained in the various departments. The amount of $60,000 recently spent on extension work is, of course, carried at present by way of a Debenture Issue.

Free treatment is given to selected classes, mainly resident taxpayers and their dependents, resident tenants and their dependents, and certain others. The cost of this, including all capital charges, repayment of Debentures and free treatment referred to is met by a levy of 2 1-2 mills on the dollar of assessed valuation, on the lands comprising the area. Putting it another way, it works out at an average of from $6 to $8 per quarter section, as already stated. The administration of the hospital is in the hands of a Board consisting of 2 representatives from each of the co-ordinating units who dictate policies, which in turn are carried into effect by a Secretary-Manager and a Nursing Superintendent. The nurse in charge is Miss E. Morrison, who has had extensive nursing experience in the West.

The people living in this particular area, and in other areas of Saskatchewan have done all this for

O. H. A. Headquarters at New Address

On and after January 1st, 1930, the Ontario Hospital Association offices will be located in

The Medical Arts Building
Bloor and St. George Streets
Toronto 5, Ontario

This is a new building devoted entirely to professional offices, and is excellently located, providing ready access and being located in the centre of professional activities.

Members of the O.H.A. are again reminded that the Association is planning its 1930 Convention on the 1st, 2nd and 3rd of October in Toronto. Exhibits of hospital equipment and supplies will again be a feature of the meeting.

themselves. They brought pressure to bear in the first place on the Provincial Government in order to secure the necessary legislation. They have arranged it among themselves to tax certain individuals so that Hospital treatment would be available, and of an efficient character. They have made working agreements among themselves arising out of their Municipal by-Laws on the subject, and they work together for a common good.

Alberta Hospital Association Elects New Officers

Mr. A. T. Stephenson, secretary-treasurer of the Red Deer Municipal Hospital, and a veteran worker in the cause of public health, was elected president of the Alberta Hospital Association succeeding Dr. A. H. Baker. Dr. Duncan Gow, medical officer of health of the City of Calgary, was elected by the Alberta Association of Public Health Workers to succeed Dr. T. H. Whitelaw, after Dr. Whitelaw had declined to occupy the presidential chair for the ensuing year. Many papers on vital problems of hospital and public health work were presented by outstanding men and women in these fields. Dr. Allan Rankin, dean of the faculty of medicine, University of Alberta, spoke on "The Relationship of the Hospital Laboratory to the Staff." The Honorable George Hoadley, Minister of Health, gave an address on Public Health work in the province.

Miss F. M. Gray, assistant professor of nursing, University of British Columbia, spoke on "Meeting the Cost of Hospital Nursing Service" and Dr. A. K. Haywood, medical superintendent of the Montreal General Hospital, gave an excellent address. "Staff Problems in Municipal and Rural Hospitals," was discussed by Mrs. O. Findlay, superintendent of the Red Deer Municipal Hospital, the discussion being continued by Mrs. E. J. Gibson, superintendent of the George McDougall Hospital at Smoky Lake. Henry Brace, deputy superintendent of insurance for Alberta, spoke on "Fire Hazards in Hospitals," and Dr. Duncan Gow, health officer for Calgary discussed "The Care of Infectious Disease in Hospitals." An address on "The Health of the Student Nurse," was tendered by Dr. A. F. Anderson, superintendent of the Royal Alexandra Hospital, Edmonton. A discussion on this topic followed, led by Miss McDonald, superintendent of nurses, Calgary General Hospital, and Dr. E. H. Cook, superintendent of the Ponoka Hospital.

Various health agencies held their Convention jointly this year, and those in attendance favoured the plan very much, because of the opportunity presented for the all round discussion of common problems. The various agencies taking part in this Convention were the Alberta Hospital Association, the Alberta Association of Public Health Workers, and the Alberta Registered Nurses Association. For the third successive year, an exhibit of hospital supplies and

REV. LEWIS MacLELLAND
Antigonish, N.S.
Secretary, The Nova Scotia Hospital Association.

equipment was held in conjunction with the Convention. Delegates continue to find the exhibits very helpful, especially those who came from outlying hospitals, of which there are many in Alberta.

International Nursing Review is New Name of Magazine

At the Congress of the International Council of Nurses held in Montreal, July, 1929, several changes with regard to their official organ, "The I.V. N." were decided upon. Consequently beginning with January, 1930, the name of the magazine—in order to avoid confusion of identification with the Council itself—will be the "International Nursing Review," (Revue Internationale des Infirmieres), ("Weltrundschau der Krankenpflege").

Moreover, the magazine will appear six instead of four times a year, and will be much improved in appearance, we are informed by the Headquarters of the Council at Geneva, Switzerland. At the same time, the subscription price will be raised to two dollars a year. It is the ambition of the Editor, Christiane Reimann, to secure sufficient subscribers to enable the magazine to pay for its own editorial staff, to consist of a full-time editor and assistants. The co-operation of nurses throughout the world will be necessary to achieve the financial independence of the "International Nursing Review." and Canadian nurses are requested to send their subscriptions to the Editor at 14, Quai des Eaux-Vives, Geneva, Switzerland.

Germicidal Soap in New Form

Among the many important purchases of Hospital Superintendents can be enumerated germicidal soap, used in connection with the surgeon's scrub-up, and also in the operating room.

The usual procedure has been to purchase a jelly or solidified soap. Obviously, this tends to considerable wastage. The new germicidal soap that is now being so wisely used apparently fills a long felt want, both in providing an efficient, quick cleansing medium, and at the same time tending to eliminate all wastage.

Care should be taken in purchasing liquid soaps, or even jellied soaps, that the ingredients or oils used are a blend of cocoanut and pure olive. The cocoanut oil is always used in view of its high rate of saponification, while the olive oil, with its lower rate of 189 deg., carefully blended with the cocoanut oil, tends to make not only a high lathering cleansing soap, but also a soothing soap that can be used safely on any skin. The soap practically corresponds to "Castile" in liquid form.

The same Company manufacturing this soap have recently introduced a new foot pedal, and knee action Liquid Soap Dispenser. It has been tried out successfully in some of Canada's largest hospitals, and according to reports, has received excellent recommendations.

A liquid soap also made from cocoanut and olive oils represents the very finest medium for general washing purposes throughout the hospital. One of Canada's largest childrens' hospitals uses this soap for washing each child every day.

Soap is no longer bought by the pound or the gallon—specifications should always be asked for, and received.

An advertisement appearing in this issue featuring this Germicidal Liquid Soap is of especial interest.

Merck & Co. Publish New List of Laboratory Chemicals

Of interest to laboratory technicians and chemists is the announcement of Merck & Company, manufacturing chemists, to the effect that they have recently published a new list of laboratory chemicals including C.P.'s and Reagents. This list is now being distributed to chemists and laboratories on their mailing list. Should any of our readers wish to receive a copy or copies, Merck & Company, will be glad to forward them. The new list is an excellent reference book, arranged as it is in alphabetical order, regardless of grade. This eliminates the necessity for consulting more than one section.

Many new products of C.P. quality have been added to Merck's line of Laboratory Chemicals, making it so complete that it should meet all but unusual requirements. The rigid requirements enforced in their Control Laboratories assure the uniformity for which Merck products have come to be recognized. Merck Reagents are listed and stocked in packages of metric weights only.

Keeping Adequate Hospital Records and Returns

Continued from page 26

in red ink written beside the entry to designate the change. A letter of explanation should accompany the return showing the patient's discharge, or may be sent to the Department at any time, asking that such correction be made, and the returns will be adjusted accordingly.

2. In very many instances the day's stay is not correctly counted. This ought to be very simple. In every instance the day of admission should be included and the day of discharge omitted. Errors in computing the day's stay of patients are, it seems to me, inexcusable. All patients admitted and discharged on the same day shall not be counted. Their names should appear on the returns but no day's stay extended.

3. New born infants should be reported as admitted and discharged or died in the same manner as adult patients. They should be given regular Register numbers independent of the numbers allotted to the mothers.

4. The numbering on the returns should correspond with the numbering of the Patients' Register. The same number should designate a patient each time his name appears on the returns. Each patient's register number should be shown on his clinical record also, and clinical records should be filed under the register number of the patient.

5. In reporting patients who are not residents of Ontario the column for "Residence" should show the province or state as well as the town or city in which they reside. In view of the fact that the Provincial grant does not extend to patients who are not residents of this Province, hospitals would do well to insist upon such patients paying a rate which covers the actual cost of their maintenance.

6. The day's stay columns on the returns should be totalled and carried forward from sheet to sheet, the grand total appearing on the last sheet. These totals must correspond with the summary given on the back of the return.

7. It is frequently found that names are omitted entirely from the returns, and the admission of a patient has not been reported at all. Then, at a later date when the patient is discharged, no record of his admission can be found. Great care should be exercised compiling returns so that such omissions do not occur.

A summary for the month, which should be completed on the back of the new form of return of Admissions, Discharges and Deaths, should be an actual statement of the movements of patients in your hospital for the month. It is very important that the day's stay of patients set forth in this summary be absolutely correct.

It would facilitate the work of the Department, and insure accuracy in computing the amount of grant earned by the hospital, if the utmost care could be used in compiling both the annual and the monthly

Continued on next page

Keeping Adequate Hospital Records and Returns

Continued from page 37

returns required by the Government. I would like to suggest, if I may, that each return be carefully called and checked with your Patients' Register, before it is submitted to the Department. Of the 148 hospitals and sanatoria in this Province, only some five or six, during the past, made any attempt to check up on the amount of grant earned as compared with the amount actually received. From this condition it is evident that most of the hospitals make no effort whatever to compute the amount of grant earned in a year, and are content to accept whatever amount the Government is pleased to send.

I would respectfully suggest that an account be opened in your ledger with the Provincial Government, and that it be charged each month with the amount of per diem grant which your returns show have been earned. If at the end of the period, the cheque which you receive from the Department does not correspond with the amount shown in your ledger account, it will be in order for you to write to the Deputy Provincial Secretary, Mr. H. M. Robbins, and ask for an explanation of the difference.

It is my desire as the Inspector of Hospitals in this Province, and it is the desire of the Department which I represent to give to the hospitals of the Province the utmost in service and assistance in the noble, self-sacrificing work which they are carrying on.

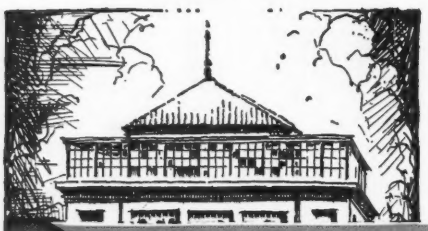
Editor's Note—Presented at the Sixth Annual Convention of the Ontario Hospital Association, held at the Royal York Hotel, Toronto, October 16th, 17th and 18th, 1929.

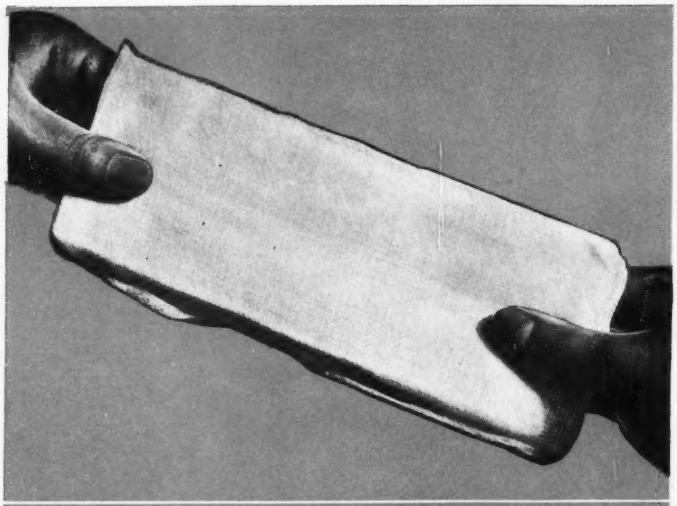
The Advertisements

Ontario Hospital Transfers Are Announced

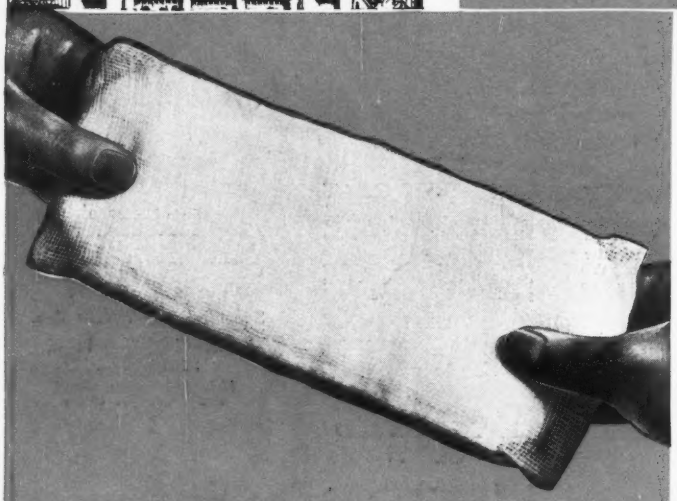
Five Ontario Hospital executives are affected by a general shift announced recently by the Honorable Lincoln Goldie, provincial secretary, for the purpose of filling the vacancy caused by the recent death of Dr. William J. Robinson, superintendent of the London institution. Dr. F. S. Vrooman, superintendent of the Mimico Hospital, will succeed Dr. Robinson, Dr. Vrooman's place being taken by Dr. Hugh A. McKay, superintendent of the Queen Street Institution at Toronto. Dr. W. K. Ross, now superintendent of the Penetang Hospital, will come to Toronto to fill that vacancy. The successor to Dr. Ross will be Dr. G. C. Kidd, at present assistant superintendent at the Kingston Hospital, who thereby gains a promotion to full superintendency by reason of his move to Penetang. Orders-in-Council will ratify this announcement at the next cabinet meeting.

KOTEX
MATERNITY PADS





Made of Cellucotton Absorbent Wadding

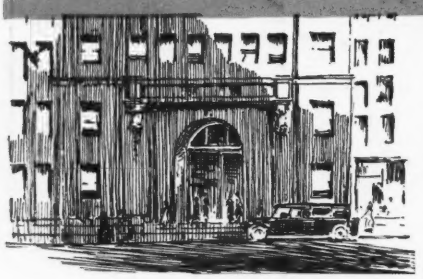


Nationally Known and Preferred

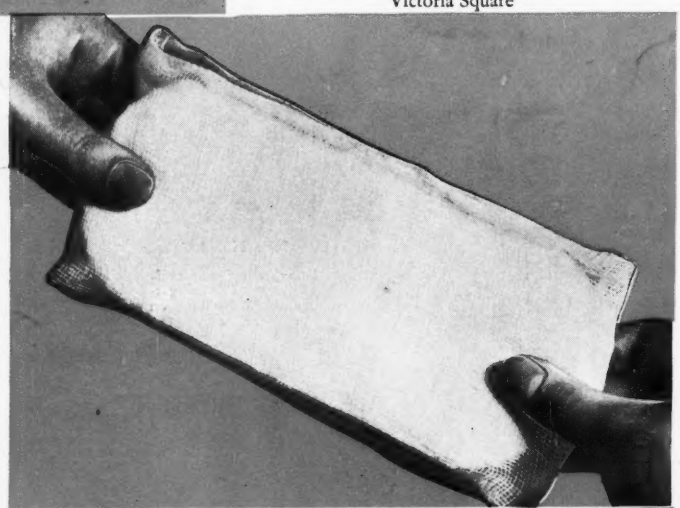
KOTEX Maternity Pads offer you the great convenience of a ready made dressing, tremendous saving in time, unvarying uniformity of size and freedom from waste. They are the most efficient of maternity pads because they are made with Cellucotton Absorbent Wadding, the most absorbent of all absorbents. Rapidly growing appreciation of these advantages is the reason for the tremendous growth in production that enables them to be sold at a price so reasonable, compared to the cost of making dressings by hand, that their use represents an obvious economy in any hospital.

LEWIS MANUFACTURING COMPANY OF CANADA, LTD.

Head Office and Warehouse: 96 Spadina Ave., Toronto
Montreal Office and Warehouse: McIntyre Building, Victoria Square



AN ECONOMY IN ANY HOSPITAL



Greatest of Hospital Time Savers